

**Non-Participating Manufacturer Certification  
For Inclusion in New Jersey Attorney General's  
Directory of Tobacco Product Manufacturers - 2006**

---

**Part 1: Manufacturer's Identification**

1. Name: \_\_\_\_\_
2. Street address: \_\_\_\_\_
3. City, State, Country, ZIP: \_\_\_\_\_
4. Phone: \_\_\_\_\_ FAX: \_\_\_\_\_
5. Electronic mail address: \_\_\_\_\_
- 

**Part 2: List of Brand Families that were Sold in 2006**

| <b>BRAND FAMILY<br/>(Indicate with asterisk *<br/>those brands that will not be<br/>sold in 2007)</b> | <b>Units Sold in 2006<br/>(# of cigarettes, incl. RYO)</b> | <b>Tobacco Product Manufacturer<br/>(Name and Address)</b> |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Department of Law & Public Safety  
Division of Law  
124 Halsey Street  
Newark, New Jersey 07101  
Attn: Cathy Melitski, DAG

---

**Part 3: List of Brand Families that will be Sold in New Jersey in 2007**

| <b>BRAND FAMILY</b> | <b>Tobacco Product Manufacturer<br/>(Name and Address)</b> |
|---------------------|--|
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |

---

**Part 4: New Jersey Registration or Service of Process Appointment**

1. Date of Registration: \_\_\_\_\_
2. New Jersey Registration Number: \_\_\_\_\_

**If not registered in New Jersey, then complete the following:**

3. Name of Appointed Agent in New Jersey to Accept Service of Process: \_\_\_\_\_
4. Street Address: \_\_\_\_\_
5. City, State, Zip, Country: \_\_\_\_\_
6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

7. E-Mail Address: \_\_\_\_\_

8. Date of Appointment: \_\_\_\_\_

---

**Part 5: Financial Institution Holding Escrow Deposit**

1. Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

3. City, State, Zip, Country: \_\_\_\_\_

4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. E-Mail Address: \_\_\_\_\_

6. Escrow account number: \_\_\_\_\_

7. Sub-account number for New Jersey: \_\_\_\_\_

8. Total amount held in this account: \$ \_\_\_\_\_

9. Amount deposited for 2004 units sold: \$ \_\_\_\_\_ Date of Deposit: \_\_\_\_\_

10. Amount of any transfer or withdrawal: \$ \_\_\_\_\_ Date of transaction: \_\_\_\_\_

Department of Law & Public Safety  
Division of Law  
124 Halsey Street  
Newark, New Jersey 07101  
Attn: Cathy Melitski, DAG

---

**Part 6: Certification**

I hereby certify that the foregoing statements are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Name of Authorized Agent/Representative : \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Agent/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This certification must be submitted to the following address by April 30, 2006:**

**State of New Jersey  
Department of Law & Public Safety  
Division of Law  
124 Halsey Street  
Newark, New Jersey 07101  
Attn: Cathy Melitski, DAG**